

V. LTC-AC Monitoring

A. The Long Term Care Access Manager oversees management of the LTC-AC contract. This includes overall responsibility for the:

1. planning and coordination of the RFP process and contracting and coordinating the budgeting process.
2. Conducts regular meetings with contractor to discuss status and share information
3. Organizes contractor training, when needed
4. Evaluates contractor invoices for accuracy per terms of the contract
5. Addresses problem issues as they arise
6. Represents the program office and/or serves as Division Director's designee on state task forces and committees, providers, executive management, agency staff, private and public officials, and other stakeholders in matters relative to statewide Programmatic Initiatives, pilot demonstrations and endeavors that promote objectives of the agency for the populations served.

VI. Quality Monitoring of LTC-AC and Level of Care

Quality assurance relative to Level of Care determinations for OAAS Medicaid Programs including the application of imminent risk criteria and medical deterioration review process; functions relative to systems development and/enhancement; and quality management of level of care processes from designated contractor. The section plays a key role in assuring that OAAS programs meet federal Centers for Medicare and Medicaid Services (CMS) quality assurance requirements in regards to level of care determinations and program access.

- A. The Quality Section is responsible for:
1. MDS-HC LOC Quality Review Tool Desk Audits on a sample of contractor's quality audits.
 2. Medical Determination Audits
 3. LOCET Telephone Monitoring Audits / Provide Feedback
 4. Training when QA identifies an area of training
 5. Schedule and/or attend various meetings related to quality and changes in OAAS/LOC contractor processes

B. Elements reviewed as part of the Medical Determination Quality Monitoring include:

1. LOCET Telephone Intake review (Listen to live call or recorded call.):
 - Verified Medicaid eligibility in MMIS and referred to local Medicaid office, if Medicaid application needed
 - Obtained address and read back for accuracy and updated in OPTS
 - Followed and documented OCDD referral protocol accurately
 - Program choices explained and basic eligibility criteria for each program including priority offers
 - Identified applicant's/informant's choice and verified understanding of the programs
 - Read and explained Setting the Stage and verified applicant/informant understanding
 - Read Information to collect and document sources accurately
 - Activities of Daily Living questions asked "Describe how.." and included subtasks and look back periods
 - Read back answers provided
 - Further explanation of activities of daily living provided if necessary
 - Applicant's self- performance coded correctly, probed as needed and no leading questions asked
 - Initial targeting Criteria coded correctly, probed as needed and no leading questions asked
 - Community referrals and resources provided and documented in LOCET notebook
 - Followed OAAS policy and procedure with HIV/AIDS, ALS and ADHC Priority Slot if applicable
 - Caller not placed on hold longer than hold time requirements
 - Communication with applicant/informant was effective and answered applicant/informant questions
2. MDS-HC (Desk review/audit review):
 - Check prior to the home visit for an Initial MDS-HC assessment for an approved LOCET in OPTS
 - Demographic information accurate and update if necessary
 - MDS-HC and POC completed within 24 hours of the date of assessment

Operations Manual

Chapter IV

- MDS-HC eligibility was accurately determined for level of care and program requirements
 - DDQ and Initial Targeting Criteria applied correctly
 - Referral to Protective Services on date identified and identified in the MDS-HC notebook, if applicable
 - Denial statement written in MDS-HC notebook, if applicable
 - Plan of Care completed, person centered, reflects MDS HC assessment coding of ADL and IADLs, and the coding sections and ADL index are completed correctly
 - Community referrals and resources provided and documented in Telesys notebook
 - Completed NVRA according to OAAS policy and procedures
3. **BOTH** the MDS-HC and LOCET:
- Screen the Request To Physician For Medical Data (OAAS-RF-14-005) Form
 - Review Medical Determination responses to questions answered in items #1 and #3
 - Review Physician Louisiana Licensed and Physician Signature attesting accuracy of information
 - Screen if MDS HC and LOCET Initial Targeting Criteria accurately determined
 - Medical Determination approved, denied or information submitted is not sufficient to make a determination is documented in OPTS/Telesys
 - Designated reviewers completed section of Medical Determination form OAAS-RF-14-005
 - Medical Determination review within 5 days from receiving a completed Medical Determination form
 - Follow up to abstained Medical Determination for resolution
 - Letter sent to recipient 3 days after review
 - Complete spreadsheet to identify Medical Determination letter received and letter dates

VII. OAAS Program Research Unit

The OAAS program research unit is structured within the Research and Quality Division. The primary responsibilities include: monitoring utilization and forecasting program expenditures for OAAS administered home and community-based long-term